

Late Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER California Alliance, a coalition of consumer attorneys, conservationists and nurses.			Date of This Filing _____ 05/26/2010 _____		Date Stamp Page 1 of 3	<div> CALIFORNIA FORM 496 For Official Use Only </div>
AREA CODE/PHONE NUMBER (323)939-6790		I.D. NUMBER (if applicable) 1240727		Report No. _____ 2588 _____		
STREET ADDRESS 			<input checked="" type="checkbox"/> Amendment to Report No. _____ 002 _____ (explain below)			
CITY Los Angeles		STATE CA	ZIP CODE 90048			

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Mary Salas			NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD/DISTRICT NO. State Senator District 40	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made

Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
05/13/2010	Printing	\$1,746.86
05/13/2010	Mailer	\$843.23
05/13/2010	Mailer	\$3,617.60
05/13/2010	Mailer	\$4,298.50
05/13/2010	Printing	\$1,863.56

Reason for Amendment:
Update Independent Expenditure

FPPC Form 496 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
866/275-3772

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DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
05/13/2010	Printing	\$515.20

Reason for Amendment:
Update Independent Expenditure

Late Independent Expenditure Report

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CALIFORNIA
FORM 496

NAME OF FILER

California Alliance, a coalition of consumer attorneys, conservationists and nurses.

I.D. NUMBER (If applicable)
1240727

3. Contributions of \$100 or More Received*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE**	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
5/13/2010	CA League of Conservation Voters Independent Expenditure Committee West Hollywood, CA 90069 ID: 1236496	<input type="checkbox"/> IND <input checked="" type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC		\$5,000.00	If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**Contributor Codes

IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

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